Effective December 29, 1999 9/6/3/60													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALI TYPE	ENTITY	OR	OTHER SMALL I	
FOR NUMBER FILED NUMBER EXTRA						EXTRA	Γ	RATE	FEE]	RATE	FEE .	
ВА	SIC FEE		A STATE OF THE STA					4 G.3		345.00	OR	* * 2	690.00
TO	TAL CLAIMS		19 minus 20= •						X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	2 minus 3 = 9					•	X39=		OR	X78=	702
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	102
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL	+	OR	TOTAL	1392
CLAIMS AS AMENDED - PART II										L		OTHER	
	(Column 1) (Column 2) (Column 3)								SMAL	L ENTITY	OR	SMALL I	ENTITY
ENT A	1/21/04	REM	AIMS IAINING FTER NDMENT	Te se in a	NU PRE	SHEST IMBER VIOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	• 6	30	Minus		90	= .		X\$ 9=		OR	X\$18=	
AME	Independent	•	13	Minus	***	19	=		X39=		OR	XX	80
	FIRST PRESE	NIAII	ON OF MU	LITPLE DEP	ENDE	NI CLAIM		F	+130=		OR	1/ 860= /	
TOTAL ADDIT. FEE											OR	TOTAL	180
. (Column 1) (Column 2) (Column 3)									DUII. FE	.E		TOUS .	
AMENDMENT B	-	REA A	LAIMS MAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	•	Minus .		• .	=		X\$ 9=		OR	X\$18=	-
	Independent	<u> •</u>		Minus		NT OL AIM	=		X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR.	+260=	
TOTAL ADDIT. FEE											OR	TOTAL ADDIT. FEE	
7	3/19/05		lumn 1)	•		lumin 2)	(Column 3)	1					
AMENDMENT C) 0	REI	LAIMS MAINING NFTER NDMENT		PRE	GHEST JMBER VIOUSLY JD FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 6	70	Minus	••	20	= ~~		X\$ 9=		OR	X\$18=	
AME	Independent	- UV			Minus / 7		=		X39=		OR	X78=	
┝	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											+260=	1.
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE OR +260= TOTAL ADDIT. FEE													ļ
	The "Highest Nur	nber Pr	eviously Pa	id For (Total o	r Indepe	andent) is th	e highest numbe	ir four	nd in the	appropriate be	ox in c	olumn 1.	

Application or Docket Number